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# The Public Health Journal

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Vol. XII.

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## Fundamental Facts in Organization

BY A. D. BLACKADER, M.A., M.D.,

Professor of Pediatrics, McGill University.

Read before the Child Welfare Conference, Ottawa, October 18th, 1920.

**M**Y first duty is to congratulate all those interested in Canadian Child Welfare on the fact that we meet to-day under the auspices of our new Dominion Department of Health, at the head of which has been placed Colonel Amyot, whose services before the War, and afterwards at the Front, inspire us all with confidence in his ability, energy, and desire to further all thoughtful efforts for the general good.

A National Department of Health has long been a consummation devoutly wished for by every member of the medical profession, and by the Canadian Public Health Association as a body. We are all thankful that it is at last inaugurated.

We also congratulate the Department and ourselves, that Dr. Helen MacMurchy has been persuaded to accept the appointment as chief of that special division of health work which has to deal with Child Welfare. Dr. MacMurchy has been well known for many years as a leader in all efforts to educate the mother and to secure and the growing child. All Canadians who are interested in Child more perfect conditions for the healthy development of the infant Welfare gladly recognize in her a chief for this Department who will stimulate all forms of effort and maintain good will and harmonious co-operation amongst the many local and provincial societies which are working for the better development of infancy and childhood.

The importance of child welfare has only recently been recognized by Governments and the general public. The appalling mortality in the recent terrible war has forced every nation to take thought on the problem of how to save its children. For a few previous decades the heavy death rate of the first years of life

had attracted the attention of statisticians, statesmen, and the more thoughtful minds in the medical profession, and much earnest work and study has been given to its many problems by physicians and philanthropic societies. As a result, the high death rate has been greatly reduced. It is still, however, unnecessarily high. Much remains to be accomplished. Not only must the percentage of infant mortality be still greatly diminished, but the condition of those who survive must be radically improved and their development during childhood carefully considered. To emphasize the importance of this conservation I quote from Sir Leslie MacKenzie of the Local Government Board of Scotland, who in a recent report writes as follows: "The total number of deaths of children under five years of age in Scotland between the years 1911 and 1916 was 106,122. More than five army divisions wiped out in five years. But these are only the dead. The damaged, the disabled, the weaklings cannot be counted. They are many times more than the dead, but how many times more cannot be told. Statistics give us facts regarding the dead, but statistics regarding the damaged, the crippled and the defective are very inadequate.

This high percentage of weaklings and defectives was forcibly brought into the limelight of the public consciousness by the reports of the medical examiners of both conscripts and volunteers for Army Service during the years of the War, not only in our own country, but also in the country of every belligerent. The numbers varied for town and country, but speaking for our own country about 20% of those examined were rejected as physically unfit for any service and 20% more for the strenuous duties of camp life. In other words, about 1-5 of our young men proved to be physical failures imperfectly able to stand the strain of life, and another fifth had some serious handicap. The notable fact for us is that the greatest percentage of the crippling defects met with might have been prevented had proper precautions been taken in early life. The cry of our country is for strong men. Every child has a right to be as healthy and perfect as present knowledge can make him. The country in which he is born should see that he obtains his birth-right.

Such facts have aroused a previously lethargic public opinion. Our legislators and our public-spirited men and women are now convinced of the urgency of the need for greatly increased effort to stem this national waste of life and vigor. The present is, therefore, a peculiarly auspicious time for a national conference at which all those who take an active, earnest interest in the development



and welfare of the child may take thought and decide on the best measures for further development and for the more perfect co-ordination of all child welfare work in Canada.

We have throughout the country many local and provincial associations. It is our hope that under the guidance of Dr. Mac-Murphy and as the result of this Conference the work of each may be strengthened and stimulated, and perhaps gradually defined so as to prevent unnecessary over-lapping. In cities or districts where such associations have not yet been established efforts under the direction of our new department will, we trust, be made to initiate work along some definite pre-arranged plan.

Our field of work is a broad one and there is room for all. To assure the best results we must enlist the assistance of all forces in the community; public officials, ministers and priests of every denomination, physicians, dentists, architects, social workers, health visitors, and of every club or society that has as one of its aims the good of the child, and its healthy development, physically, mentally and morally. In many matters we may not all see eye to eye. Where there are many men, there are many minds, is an old Roman proverb which has as much force to-day as when it was first written, and holds as true of women as of men. Differences and difficulties are sure to arise among various groups of workers when they attack the same problem from different points of view. Few of the problems of infancy and childhood are as simple as at first sight they may appear to be. It is desirable therefore, in addition to an annual Dominion Conference that local and provincial conferences should be held at regular intervals for discussion and mutual education in regard to the local conditions and problems which may arise from time to time.

Speaking generally we may say that to make the sick child well is the work of doctor and nurse, but to keep healthy those children who are not sick, and to secure their perfect development is the aim to which we should direct all our mutual forces. Prevention is our motto. Doctors are powerless to undo all, or even most of the ill effects of disease in children, but with the assistance of a careful mother in the home much may be done to prevent disease with its damaging effects. All mothers require education in the details of infant feeding and hygiene, and in the care of the developing child, and to impart this knowledge we must secure their confidence in our sincerity and the value of our advice. Not infrequently efforts must be directed to the restoration of family life in its dignity and integrity; an integrity in many localities which has

been sadly encroached upon by the bitter necessities of ill-paid industrial life. All this requires tact as well as knowledge. Sir Arthur Newsholme writes: "one of the valuable by-products of the calamitous world-war is a restoration of the ideal status of motherhood on which depends the well-being and happiness of the future of mankind."

To enable child welfare work to be carried on with advantage, detailed statistics are of the greatest importance. A new census is, we understand, under consideration. We trust that this department will arrange to secure, as completely as possible, details regarding not only the birth-rate and death-rate during the various periods of infancy and childhood, but also, as far as may be practicable, the conditions under which infants and children live and develop in the different cities and provinces of Canada. Such details would prove extremely valuable not only for guidance in our work, but also for stimulation to further effort.

Three conditions are necessary for the proper development of the growing infant and young child. *First*, and most important, is proper food suitable to the wants and digestive capacity of the child.

The food should be sufficient in amount, should be well balanced in the nutritive quality of its ingredients, and should be given at regular intervals to secure its perfect digestion, proper assimilation and necessary elimination.

*Second*, and scarcely less important, are fresh air and sunlight for the waking, playing and sleeping child. The *third* requisite is rest for wearied organs, avoidance of undue excitement, and a sufficient amount of quiet undisturbed sleep to permit repair to the nervous system. I do not under-estimate eugenics and the value of progressive education.

Our work deals with three periods of life, which, in my opinion, it is desirable to keep fairly well defined in our discussions. The first period is that of infancy. In this must be included the pre-natal stage and all problems which have to deal with infant life, its nutrition, growth and development, and the causes leading to the high death-rate of this period.

The second period embraces childhood from the end of dentition until the sixth or seventh year, when the child enters school. It is the period in which, owing to defective care and guidance, many of the crippling ailments of the child become manifest and do most harm. It is an age demanding constant care regarding the general nutrition of the child, and regular inspection of the teeth, eyes and

ears, tonsils and adenoids, and the posture and gait. The third is that of school life; a period which pre-eminently demands oversight by the State. Every child should be regularly and thoroughly examined by a trained physician to detect the presence of any condition interfering with continued development. The character of the dietary, the length of school hours, and the amount of fresh air and exercise, all call for careful consideration.

During these periods the value of regular inspection by educated and trained investigators, by physicians at longer intervals, by trained nurses or health visitors at short intervals cannot be overestimated. A centre for short training or education courses should be established in every large city where all those who desire to do practical work in child welfare work should have special instruction in the important details of infant-feeding and hygiene, the dietary and care of children of older age, and the more important symptoms of disease in young life. All children should be weighed and measured at regular intervals and permanent records should be kept for future reference.

The Victorian Order of Nurses has given us a splendid example of what can be accomplished in a special line of work by a selected and well-trained band of conscientious and enthusiastic nurses. I should like to see a similar order of child welfare workers trained specially for work among children to make rounds in every district in Canada.

The greater portion of the ills of early life could be prevented if mothers could be educated to work under the directions of such trained nurses, associated with frequent subsequent visitation, under the supervision of district physicians who have specially studied infant and child life, and who have love and sympathy for the developing child.

There are many other matters of importance to which, did time permit, I should like to make reference. Many of them, however, will be presented to your attention in detail by persons more qualified than myself to discuss them. One matter, I should like to urge action upon, and that is the necessity of establishing in every province schools or institutions for the mentally defective. To secure these some endowment will be necessary, partly from the general funds of the Dominion, partly from the funds of the province, and partly from the philanthropic public. With proper training a large proportion of these mentally wanting could become self-supporting, and thus cease to be a burden, and sometimes even a menace, to those around them.

The child in industry is also a subject which demands constant oversight by the Government. Our laws are now fairly strict, but with any laxness in supervision child life will suffer. You all remember the pathetic appeal of Mrs. Elizabeth Barrett Browning:

Do you hear the children weeping, Oh! my brothers,  
 Ere the sorrow comes with years?  
 They are leaning their young heads against their mothers,  
 And *that* cannot stop their tears.

\* \* \* \* \*

Do you question the young children in their sorrow,  
 Why their tears are falling so?

\* \* \* \* \*

They look up with their pale and sunken faces  
 And their look is dread to see;  
 For they mind you of their angels in high places,  
 With eyes turned on Deity.

How long they say, how long, O cruel nation,  
 Will you stand to move the world on a child's heart;  
 Stifle down with a mailed heel its palpitation,  
 And tread onward to your throne amid the mart?  
 Our blood splashes upward, O gold heaper,  
 And the purple shows your path;  
 But the child's sob in the silence curses deeper  
 Than the strong man in his wrath.



# The Place of Occupational Therapy in Mental Hygiene

NORMAN L. BURNETTE,  
Canadian National Committee for Mental Hygiene.

**W**ORK as an antidote for the ills that afflict the mind is no new thing. Consciously, and unconsciously, patient and physician alike, have recorded throughout the ages, the peace and restored vigor, which is to be found in a life filled with purposeful endeavour.

The needs of our war disabled emphasized the beneficial results of occupational treatment and from the lessons taught can be deduced much that is pertinent to certain questions of the day.

Not the least of these is the value of occupation in the treatment of the defective, the mentally sick and the insane.

There are to be found in all asylums many patients who within the safe haven of institutional care are able to perform much useful work. The satisfactory service which they give in laundry, mending room and repair shop, or while working adjacent farm lands, is indicative of the line of treatment which should be followed in these cases.

To quote Dr. Charles F. Read, Supt. of Chicago State Hospital: "Occupy these people, give them back a definite interest, even though it be but a petty one compared with what they have lost . . . what has been thrown overboard in the storm of the acute psychoses cannot be entirely replaced, but something can be salvaged, and final shipwreck avoided in many instances."

This last sentence is the most important note struck from the viewpoint of mental hygiene, because it lifts the whole matter of occupation out of the plane of "Work for institutional use only" into the nobler field of "Any occupation so long as the patient benefits."

Not only are there many patients who are temperamentally unsuited to benefit by participation in the ordinary work of the institution, but even those who are so employed, will do better if routine house or farm work could be varied by a change to something entirely different.

The Occupational Therapy so successfully used in the Canadian Military Hospitals, proved, that given a wide range of activities, it

is possible to treat by this means, practically all the patients in an institution. Cures are thereby accelerated and the problem of the incurable is lessened to the extent that their lives are brightened, they have less time and less inclination to make trouble for themselves and the staff, and the dead loss which their confinement represents to society is in many cases compensated for by the economic value of their work.

In passing it should be noted that all this is possible, only, if there is employed a sufficiently numerous and thoroughly trained occupational staff capable of fitting work to the varied needs and interests of the individual patient.

Experience has shown the value of the handicrafts as a medium for supplying a wide range of interests. The results from this class of work are not accidental, but are founded on sound psychological laws. Many of us know the health and happiness that comes through having a hobby. Even if hard work is entailed, it is a change from our usual labor. The article fashioned by our own hands holds for us a value far beyond anything which we might pay for the same thing factory made. We have satisfied the creative instinct existent in nearly all of us and which, since the mud pie period of happy childhood, has been repressed and dammed back, by the exigencies of modern industrialism. To realize how this dormant instinct can be fanned into activity, so that it will restore to health the tottering mind, one has only to see and marvel at the beautiful examples of bookbinding, pottery, basketry, weaving, wood and metal work done by those who have been diagnosed as unable to function in ordinary surroundings.

The Medical Director of the Canadian National Committee for Mental Hygiene, speaking of the craft work at the Military Hospital at Cobourg, Ontario, said: "The results are inspiring. In the show rooms are to be found examples that would be worthy of artisans of long training. These men are not artisans though, and are in the majority of instances simply mentally handicapped persons who are being wooed back to normal life by individual care."

It is obvious that the mind which is directing the hand in such activity must be so fully occupied with its task that there is left no room for those delusions and fantasies which prevent adjustment with the world of reality. The concentration brought into play by Occupational Therapy does more than purge the attention of distributing ideas for the time being. It recreates ability to



focus the attention at will, just as physical exercise will harden up flabby muscles.

This has been observed time after time again with patients suffering from temporary nervous conditions due to war shock. Men thrown into state bordering on hysteria by the sound of a door slamming, were unaffected by noise of their own making, because their interests were engaged by the task, and they eventually became oblivious to outside disturbances. At Whitby Military Convalescent Hospital the men of an art metal class, were, in the later stages of their recovery, deliberately put to work in a shop, next to where gas engines were being tested.

Turning from the question of mental disease to allied problems we find a direct use for Occupational Therapy in the education of the feeble minded. Dr. Devlin, Med. Supt. of St. Jean de Dieu Hospital, Montreal, in a thoughtful article contributed to the Canadian Journal of Mental Hygiene points out how Sequin's methods of education for idiots was based on "Physiological training of the senses and faculties of exercising and developing the powers of attention, perception and judgment by teaching the quality and properties of concrete objects instead of expecting the feeble minded child to absorb ready made knowledge from books; of progressively training the eye, the hand, the ear."

Here, as Dr. Devlin points out, was laid the basis of Occupational Therapy in one of its most scientific aspects. By arousing interest we stimulated mental activity and as the various thought processes are brought into play it becomes possible to guide, direct, and educate them into proper use.

But the feeble minded are not confined to institutional life only. Their presence runs like a scarlet thread through all the warp and woof of our social structure. Besides those of school age who need special methods of education there are many cases of maladjustment, attributable to mental abnormality, which do not of necessity call for custodial care. The problem is to find facilities for oversight and study of capabilities.

Akin to these cases are those who after treatment in hospital are considered fit again to pass under their own control, but for whom it is unwise or impossible to find immediate employment in the open labor market. To allow these people to deteriorate through idleness is manifestly wrong. The solution would appear to be special Out-Patient Clinical Workshops, providing occupation which would serve a four-fold purpose. Diagnostic, arrest of condition through the therapeutics of occupation, vocational guidance after



an evaluation of industrial fitness, and in the last resort, productive work to the limit of capability for those who could not carry on as wage earners elsewhere.

The need for developing occupational therapy in mental hospitals is fully realized by enlightened Superintendents. Public opinion must insure for them the necessary measure of financial support. Money thus spent is exceedingly well spent. At the same time unless extra-institutional provision is made it is hard to see what can be done to arrest the tide that at present flows steadily asylumward.

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## Statistics and Publicity in Child Welfare Work\*

BY CHAS. A. HODGETTS, M.D., D.P.H.

Chief of the Division of Statistics and Publicity, Dominion Department of Health.

As the life history of the presentation of this subject is limited to just six hundred seconds, it will be at once realized that elaboration of thought has been officially electrocuted, and as careful thought is an essential factor for the intelligent discussion of statistical facts, I can simply, like a boy, blow bubbles in the air.

However, mine is but a simple story: it lacks all those elements of romance, those touches of eastern condition which are so prominently portrayed to-day by individuals, societies and associations, who by their subtlety and insidious enthusiasm for things they have not seen, but heard about, gather up the golden shekels for those who are not so fortunate as to live in Canada. It relates only to those of our own kith and kin—those of infant years—so many of whom through parental ignorance and neglect never pass the first of life's milestones.

The stories of the suffering and deaths of children in many parts of Europe are pitiful and heart rending and should call forth a tangible expression of sympathy.

But, there is a big "but" in it too; what of the waste of life, the suffering in the homes and the maternal grief and pain of those who can rightly claim to be "our sisters." The national waste of the lives of our Canadian babies which goes on year after year and has been operating for half a century, is surely deserving, if not of our charity, certainly of our assistance.

One cannot picture to you, Canadian children wandering like wild animals through our native woods, nor speak of eleven million fatherless children suffering the horrors and pangs of starvation and poverty. I would like you to pause and conjure up in your minds the multiplied sufferings of the past five decades during which period hundreds of thousands of lives of Canadian children have been wantonly sacrificed on the altar of ignorance: and then think and ponder over this serious fact, that the waste of this, the greatest of all our national assets, continues day after day.

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\*An address delivered before Dominion Conference on Child Welfare, at Ottawa, on November 19th and 20th, 1920.

Believe me, if the true story of thousands of Canadian homes could be brought to public notice with the same enthusiasm and publicity, the same artistic touch of pathos and lurid colouring, there would be less room for foreign interest and more domestic action.

In the eight years 1911-1918, the official statistics show, although they are incomplete, that the population of Canada was increased by 1,648,069 births. The report before me contains, unfortunately, no reference to deaths, so deductions have had to be made, and it is estimated that during these eight years there were 263,090 deaths.

Statistics are always dry reading, but the figures regarding infant mortality are made up from "Baby Units," and so far as health statistics are concerned, they each carry with them a story, and that story is one of the home life and the home of each of the "Units" reported on.

If our homes were natural they, like the lily, would be beautiful, for in this world every prospect pleases and only man and his environment are vile. But all homes do not possess the beauty of the lily which luxuriates in the aborescent shade of the valley and spreads its perfume around.

These infants are all of our own flesh and blood—come of the right stock and are our chief national asset, just the population we require to make possible further development of our national resources.

Without in any way desiring to reflect on Ontario rural communities as compared with those in other parts of the Dominion, but entirely from the fact that the figures are more readily obtainable from the report of the Registrar General of that Province for the illustration, I would call your attention to one particular phase of the work which the statistics present.

During the decade 1908-1917 inclusive, the death rate per 1,000 births in the rural municipalities of Ontario fell from 109 to 83, yet in the united counties of Prescott and Russell, with a population of 51,010, there were 17,667 births and 2,713 infant deaths, being an average of 153 deaths per 1,000 births, the total infant deaths being 38 per cent. of the total number of deaths at all ages for the same period.

In further comparison, during the same year (1917), in the eight counties (Table 13), with three and a half times the population and with a registration of two and a half times the number of births, there were the same number of deaths.

In 14 towns (Table B), with nearly twice the population and one and a half times the number of births, the total number of deaths was the same.

In 8 cities (Table C), of more than twice the population and one and one half times the number of births, the deaths were the same.

What is wrong? Is it the failure on the part of parents to comply with the law, or have we to delve further into the question and ascertain the true facts: or perhaps all the deaths have not been reported. If so, all the greater the necessity for action.

Upon entering the 2,713 homes in Prescott and Russell counties to ascertain the cause of death, we may learn a little of the truth. I say a little, for over one half has been committed to the "statistical dump," the causes of death being classified under "Congenital Debility," which if we analyse further really conveys no intelligent idea as to the true cause of death. It may be from maternal ignorance, from criminal neglect or a hundred or more other causes that these deaths are due, for the medical returns as to cause of death are altogether too vague. Many of these lives were lost, we believe, from preventable causes. It is just the information we require for intelligent action which we do not get, and only education of the medical profession will secure this.

Of another group consisting of 31 per cent. of the whole, the majority of deaths were preventable. The babies suffered from digestive troubles, communicable diseases and diseases of the respiratory system, and of the total number, 18 per cent. was due to non-preventable causes.

It is just the picture concealed under the fact thus very briefly outlined which should be written up and in the same lurid manner referred to in the early part of the paper which would alone direct the attention of the Canadian public to the urgent need for work at home and in the homes of Canada, particularly in the rural districts.

The statistics are before you, and this particular field presents opportunities for intensive work, and I may add, there are others scattered over the wide Dominion that you would hear nothing of if it were not for the statistical reports. Meagre as the information as to causes of death may be and the details wanting, yet even from the "dumpeheap" something of value may be recovered.

It has been said that for the proper study of infant mortality, the first necessity is to have proper and reliable records of the registration of all births and deaths. With this statement I differ, for the records of deaths do not afford sufficient information.

They are valuable as far as they go, but they tell us nothing of the morbidity which goes on, entailing much suffering and often followed, not by death, but by a life of infirmity of partial or total disability, all of which means physical inefficiency.

For intelligent action we require statistics of the highest character. What we have is not sufficient. Give me the morbidity returns and a statement of all the amenities prevailing in a community and I will be better able to direct and suggest the work to be carried on which will effectively cope with the waste of child life. It must be obtained and must come from the home, and primarily should come through the local authorities and not by voluntary organization.

To arrive at any decision as to the most effectual measures to be adopted in any particular province or community, it is essential to know the causes of morbidity and mortality. These are numerous and act in different ways, and often several causes combine to bring about a high rate. Whatever they are, they reflect the general social condition of the people. They may be classed under two heads, GENERAL and SPECIAL causes.

Amongst the GENERAL causes stand out prominently:

1. Ignorance as to the prenatal period.
2. Ignorance as to proper feeding.
3. Overcrowding.
4. Defective sanitation.
5. Poverty.
6. Alcohol.
7. Heredity diseases.

All of these causes affect the infant even should it survive the first year of life, thereby militating against the physical efficiency of the race.

The SPECIAL causes may be sub-divided into:

1. Preventable.
2. Partially preventable.
3. Non-preventable.

They come into play at certain times and under certain circumstances and often become merged with the result that infant life becomes submerged.

The chief PREVENTABLE causes are:

1. Diarrhoea (responsible for 1-5 of the deaths.)
2. Dyspepsia and rickets (breastfed infants almost immune.)
3. Measles and whooping cough.
4. Accidents and neglect.

In the second division, **PARTIALLY PREVENTABLE**, may be mentioned:

1. Malnutrition.
2. Bronchitis.
3. Pneumonia.
4. Syphilis.

These maladies account for a considerable proportion of infant deaths, but the fallacy of the returns makes accuracy in estimation almost impossible.

The third group known as **NON-PREVENTABLE** consists of those due to:

1. Congenital malformation.
2. Premature births.

Some of the deaths reported in this group could, no doubt, be prevented by the education of women as to the exercise of greater care during the prenatal period.

This brings me to the point I wish to emphasize, viz., that for effective work, to insure correct statistics and to give effect to publicity which is really "education", the **CENTRE** for work is to be found in the community, the municipal unit, for without live local centres which are the battle fields in which the warfare is to be carried on and first aid to be administered, it will be futile to hope for success from a central bureau, be it Municipal, Provincial or Dominion. Success comes from within, and the work must centre in each Canadian home and radiate therefrom until it permeates the community.

The duty of bringing up children does not belong to the state, but rather to the mothers, and whatever we do we must not be too ready to relieve them of their responsibility. The state can, however, do much to see that the rights of the children are not ignored and that the mothers have the opportunity given them of learning how best to rear their children.

It is by proper and judicious publicity that a state can, in my opinion, best assist in the education of the women of Canada, but the centres of activity must be created and operated in every municipality and community and the municipal authorities must be stimulated into action.

**"CONSERVE WHAT WE HAVE"** is a world-wide utterance to-day. Make it a live issue by at once instituting a general system for the care of motherhood and the prevention of this wanton waste of infant life.

## PRESCOTT AND RUSSELL.

Year.	All causes and ages.	Infants	Births.
1908 .....	739	313	1,881
1909 .....	764	337	1,760
1910 .....	692	317	1,842
1911 .....	771	324	1,767
1912 .....	613	219	1,659
1913 .....	697	242	1,860
1914 .....	699	223	1,715
1915 .....	741	282	1,770
1916 .....	754	240	1,692
1917 .....	658	216	1,721
Totals .....	7,128	2,713	17,667

TABLE NO. 13.

Counties.	Population	Births.	Infant Deaths.
Dufferin .....	15,920	311	21
Elgin .....	29,610	753	29
Frontenac .....	23,440	989	27
Haldimand .....	21,110	411	31
Lennox and Addington..	19,580	323	21
Peel .....	22,870	390	23
Perth .....	35,360	960	43
Prince Edward .....	16,330	319	21
Totals .....	184,220	4,456	216 48 per M.

TABLE "B."

Towns.	Population.	Births.	Deaths.
Barrie .....	6,870	144	21
Collingwood .....	6,540	190	16
Cornwall .....	7,310	204	25
Ingersoll .....	5,360	141	6
Kenora .....	6,430	151	12
Lindsay .....	7,280	182	11
Orillia .....	9,340	286	11
Owen Sound .....	11,650	312	19
Parry Sound .....	6,290	203	20
Smith's Falls .....	6,500	176	22



Cities.	Population.	Births.	Deaths.	--
Steelton .....	5,485	167	19	
Thorold .....	4,550	94	10	
Walkerville .....	5,270	132	7	
Welland .....	8,200	224	17	
Totals .....	97,075	2,606	216	82 per M.

TABLE "C."

Belleville .....	11,430	208	15	
Chatham .....	14,350	267	38	
Guelph .....	16,020	413	34	
Kitchener .....	19,200	494	34	
Niagara Falls .....	12,030	289	21	
Stratford .....	15,450	355	26	
Sarnia .....	12,960	271	21	
St. Thomas .....	15,880	334	27	
Totals .....	117,329	2,611	216	82 per M.

## Fighting Disease

A Bulletin recently issued by the Canadian National Council for Combating Venereal Diseases.

**B** EING a report of a conversation between a well-known Health Officer and Mr. John Smith, an average citizen who should be helping in the work of the Canadian National Council for Combating Venereal Diseases.

"Look here, doctor. What are these Venereal Diseases we hear so much about? Are they as serious as people say?"

"Yes, John, they are serious. What are they? Well, there are two major Venereal Diseases, Gonorrhoea and Syphilis."

"Tell me about them. What causes them?"

"Medically speaking, Gonorrhoea is caused by a germ called the gonococcus. Syphilis is caused by a small organism which under the high power microscope looks like a tiny worm. It is called the spiroketa pallida. The two diseases are contagious and are passed from one person to another by intimate personal contact. Socially speaking, I might say they are caused by bad social conditions."

"Wait a minute, doctor. Don't tell me all at once. Tell me first of all how the two diseases differ. Are they equally serious?"

"Gonorrhoea is a local infection spreading generally along mucous membranes. Syphilis is a blood infection beginning as a local sore. They both produce serious results. I think the one is just as serious as the other, especially when we consider their ultimate effect on the community."

"They must be pretty prevalent then, doctor?"

"Are they very prevalent? The Report of the British Royal Commission on Venereal Diseases, a commission appointed by the British Government, brought in in 1916 was to the effect that ten per cent. of the population of all great cities in the United Kingdom were suffering from Syphilis and that the amount of Gonorrhoea was considerably in excess of this. An American estimate is to the effect that eight per cent. of the population on this Continent is affected with Syphilis."

"But are such statistics applicable to Canada?"

"Owing to the fact that Venereal Diseases have only recently been reportable one can only estimate. In Toronto General Hospital in 1917, it was found that in a period of three months, twelve per cent. of the patients were definitely suffering from Syphilis. Similar tests done in Montreal General Hospital proved that twenty-

six per cent. of the patients in that hospital had Syphilis. Undoubtedly the cases of untreated Syphilis can be numbered by the thousand."

"Are such cases under treatment?"

"Some are. Unfortunately many infected people do not realize the seriousness of their disease and as a result remain untreated or do not complete the treatment they have commenced. Therefore, there are always a large number of infected and infective persons at large."

"What is the distribution of Venereal Diseases?"

"They are very widespread. They are found in all sections of the country although they are more prevalent in the thickly populated cities."

"What facilities for treatment are there?"

"Private physicians, of course, are available. The Dominion and Provincial Governments, and some municipalities, however, recognizing the fact that many people may be unable to pay have voted large sums of money to establish clinics for the treatment of these diseases. There is now no excuse for people in the populated centres to neglect treatment."

"How long must treatment be kept up?"

"That depends. In both Syphilis and Gonorrhoea early treatment means a shorter course of treatment. Neglected Syphilis may take many years to cure. Gonorrhoea and its results are also very serious if careful treatment is not instituted at once."

"But are Venereal Diseases as serious as some people say? Aren't they exaggerating?"

"Well, the late Sir William Osler made a statement to the effect that Syphilis as a killing disease ranks first among the infectious. This means that it outranks those two other great killing diseases, pneumonia and tuberculosis. It is also a great cause of infant mortality. And these statements leave Gonorrhoea out of account altogether."

"In addition to this Venereal Diseases are by far the greatest cause of sterility both in the male and the female and the greatest cause of abortions and miscarriages. They cut down the birth-rate tremendously."

"Well, doctor, these diseases must be pretty expensive to the country."

"Of course, they are. For instance, in one Canadian asylum about a quarter of the male admissions in a year are due to general paresis. This form of insanity is caused by Syphilis. It is always fatal and incurable."

Again, in 1,000 cases of blindness in an Institute for the Blind, between 56 and 58 per cent. of the cases were found to be due to Venereal Disease.

These diseases are said to cause about half of the operations on women for ailments peculiar to women. And these are only a few of their serious results. One cannot seriously estimate how great the cost of it all is."

Well, doctor, of course, I can see that the direct expense to the community in the upkeep of insane asylums, institutions for the blind, hospitals and all the rest of it is very great. I suppose that the indirect cost is great too, isn't it?"

"Yes, indeed. Imagine, for instance, the case of a married man carried off by general paralysis of the insane, at the age of forty. Suppose he leaves behind a wife and small children. His wife may be infected herself. The children may be infected too. All of these dependents are likely to be inefficient because of their condition. It has been found that such families too frequently may even become delinquents and then the community pays again in the police court, the reformatory and the jail. Can we ever estimate just what all this costs us in money, aside from the human misery and inefficiency which results?"

"Well, doctor, this is a sad tale. It is so serious that I almost fail to grasp it all. What is the Government doing about it?"

"Oh, haven't you heard? Well, the Dominion and Provincial Governments are co-operating in a campaign against Venereal Diseases. About \$400,000 will be spent this year. Clinics are being established in each of the Provinces and already thousands of infected people have come under treatment. If you ask your Health Officer you may find that there is one in your city. There are trained physicians in charge of these clinics and soon there will be little excuse for any infected person to avoid treatment."

"That's fine. But what else? I have always thought that immorality had something to do with the problem. How are they going to stop that?"

"Well, now, my friend, there is some truth in your suggestion. But before we start to discuss it, you know, of course, that thousands of infections are innocent. Most of us have made the mistake of thinking of venereal diseases as disgraceful diseases because immorality is so often their cause. Many people contract them through absolutely no fault of theirs. And you know even the prostitute is more sinned against than sinning. I think that statement may be made even of the average so called immoral person."

"Why that's a queer statement, doctor. What do you mean?"

"Well, it is hard to go into it all here, John. It's a big question. But if you expect people to be good and to live morally you have got to teach them and give them a fair chance. We don't teach our children idealism and chivalry as we should. And our parents, a good many of them, know little of the dangers their children may be exposed to as they grow up. We have got to teach them both."

"Yes, I can see that. Ignorant parents can't be of as much help to their children as those who have been instructed. Do you think there is more than just education to be undertaken?"

"Well, rather. John, we have got to specialize on giving the young people a square deal. We must avoid our old habit of neglecting them and then blaming them when wrong things happen. We must study and find what the normal is and then try to provide normal things for people."

"What do you mean, doctor? That is vague."

"Yes, I know it is. Well, for example, this. We don't provide people with proper facilities for healthy recreation. Don't you think it would be a fine thing if our churches would systematically utilize their idle buildings and grounds instead of allowing young people to drift into, for example, unsupervised dance halls, where they may meet strange and undesirable companions."

"Would you approve of the school buildings in your town being opened up at night so that young people might have dancing, debates and games or perhaps take part in an amateur dramatic entertainment? All that sort of thing adds to their mental equipment, you know."

"Yes, I can think of districts in my city where that would be very useful. What else do you call normal?"

"Do you think, John, it would be a good thing if our churches, schools and parents—and the newspapers too,— would actually preach the desirability of early marriage—and do more to teach our young people that love, and a home and children and real happy family life are just about the finest thing in the world? Wouldn't it be fine if we could get away from our too common cynical attitude towards what really should mean most in the life of a man or woman?"

"Yes, doctor, fine. But you seem a bit utopian in your ideas. It's a bad old world you know and reforms are slow."

"Fiddlesticks, John. We can get anything if we try hard. By the way, you know of the work of the Canadian National Council for Combating Venereal Diseases, don't you?"

"Yes, I have heard a little about the Society. How did it start and what is it?"

"Oh, it was organized at a conference held in Ottawa in May, 1919. A conference called by the Dominion Government. The Council is composed of citizens who want to help the Government and to help your Health Officer in the fight against Venereal Diseases. It is tremendously interested in all of these problems I have told you about. And the best of it is that there are already a lot of committees working on them and trying to get them solved. They will get some of them solved too. Just watch and see."

"How many committees are there?"

"Oh, many, nearly all the Provinces have branches working and a good many cities."

"How do these branches work? What do they do?"

"Well, John, first of all they work out how they can best help the Medical Officer of Health. They find they can help in a good many ways. Committees so far have rather specialized on speakers and moving-pictures. 'THE END OF THE ROAD' has been shown over most of Canada and has taught a valuable lesson to thousands. Speakers are trained in the various aspects of the question and sent out to lecture, first of all, on the dangers of Venereal Diseases, so that infected people may get treated and people who are not infected informed so that they may not become infected.

"Then, too, speakers are sent out to talk to assemblies of teachers, to audiences of parents gathered in schools, to audiences of clergymen, labour leaders and clubs. You know the subject is so vital that it is important to permeate the whole community with educational propaganda."

"Yes, yes, I can see that. Does the National Council do nothing else?"

"My dear fellow, the committee of the National Council are as far as possible working on all aspects of the question."

"Each branch has or will have a medical committee, a committee of nurses, a committee of social workers, a literature committee and so on. We expect to have others as new problems arise. For instance, the clergymen can help us a lot."

"Good. I see you are getting ahead. Apparently your idea is to get the whole community at work backing up the authorities so that eventually there will be no disease left and people will be a good deal happier too. Do you know I am tremendously interested. Tell me, though, how can I help?"

"Well, John Smith, you surely can help even if you haven't time to work a committee. If you're a father you have a duty to your children—a duty of education and protection which you haven't realized. You should look after that. If you're a clergyman and

haven't studied the problem seriously I advise you to read it up. You can help your congregation to do more community good than ever before. If you're an employer of labour you'll find there's some way in which this constructive work may be of value to your employees. Whoever you are, John Smith, this is a problem in which everyone should be interested as a citizen. What do you think about it?"

"Right you are, doctor, and I am with you."

"Good day, John Smith."

"Good day, doctor."

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## The Forward Movement in Public Health and Its Relationship to Social Advance

BY DR. CLARENCE MILLER, M.H.O., *Stellarton, N.S.*

Presidential Address delivered at meeting of the Association of Medical Health Officers of Nova Scotia, held at Kentville, July 6, 1920.

AT the commencement of this address, permit me, Mr. Chairman, to offer my congratulations on your election to the Presidency of the Health Officers' Association of Nova Scotia. I bespeak for you the same kindness and courtesy extended to me during my tenure of office, and I know that you will appreciate as I have, the honour of having been President of an Association whose aim is the highest physical and social well being of the people of our Province.

I may say, sir, that I found it, a not altogether easy matter, the selection of a title for this address; so much has been said and written on Public Health Welfare, socially and otherwise during the past two years, so much indeed, that you may scarcely hope for anything new or original from one who is only a part time health officer—and that a very small part—but I trust that you will not apply too keenly Sheridan's remark to his opponent, viz.:—"I have listened very attentively to the gentleman's address. There is much in it that is original and much that is good; but what is good is not original and I am sorry to add the original is not good; but one other comment is necessary, the gentleman has drawn upon his memory for his eloquence and upon his imagination for his facts."

The forward movement in public health is strictly apropos with the *modus operandi* of the post-war period, a period demanding industrial and social readjustment and associated with which there is a deep-seated unrest, unfortunately, very often, an unrest tending to maladjustment and a defeat of the industrial and social advances desired: but in the public health forward movement, whatever may be said of other movements, this is unquestionably one of "uplift", it is based on the true conception of reconstruction, viz.: that of co-operation towards the attainment of the health and happiness of the people of this Province. It seeks neither surplus profits, higher wages, nor dividends, its chief desiderate and only dividend sought, is the most effective human being physically and mentally, recognizing this factor as the only true solution of an effective development in social advance.

We are, as a result of the Great War of Nations, entering upon a uniform and elaborate system of Public Health endeavour. We must advance or retrograde. If we neglect the opportunity to

advance we shall prove ourselves false to the great duty of our generation, just as we would have done if we had failed to answer the summons in nineteen hundred and fourteen of democracy and the call of free institutions against the tyrannical forces of autocracy, however, let me say, that the suggestions and plans embodied in the Forward Health Movement of to-day did not have their inception with the signing of the peace treaty nor when our forces were mobilized in nineteen hundred and fourteen. Many of them were conceived in the minds and hearts of medical men and philanthropists of the latter part of the nineteenth century and advocated by them with burning zeal—and when as a result of the War these problems confront us with their tremendous importance, we pause for a moment and pay tribute to the pioneers of thought in physical and social endeavour. They blazed the trail for us, although the process of blazing was of necessity incoherent, isolated and individualistic. The time was not ripe for co-operation, but to-day we have a rounded out plan, for the application of conscious systematic health control, and, sir, the architect of this plan calls upon us from the fields of Flanders, and in a voice of clarion tone, "To you from falling hands we throw the torch. Be yours to lift it high. For if ye break faith with us who die. We shall not sleep though poppies blow in Flanders' fields."

The war erected a colossal health organization to which was confided the care of millions of men in the army cantonments at home and overseas. Through this organization thousands of lives were saved. Thousands declared unfit and great possibilities revealed to us in their rehabilitation. It may take us some time to digest all the revelations, but the war has given us the great body of facts upon which to base our action, in perpetuating in civil life, what has been accomplished in military life. A terrible price has been paid to learn these facts, to reject or refuse them on one part would be one of the greatest blunders we could make, consequently we mobilize for peace as we mobilized for war, and above all we are mobilizing our intelligence along Public Health lines.

The Public Health forward movement as a factor in social advance are complimentary. You cannot have social advance with a low standard of physical and mental well being. Your industrial, educational, and in fact, your whole economic life depend upon a high standard of Health; it is our greatest national asset, it has even a moral significance, the strongest Saint is not above physical weariness; many a man has been caught off guard at a time of physical strain with resultant mental depression and has committed acts, that in his stronger moments he would absolutely shun, and I believe, that the trouble with a great deal of public health work in

the past is that it has too often lacked the social point of view. We have failed to see that we are merely dealing with the social problem in some of its physical aspects, for instance, tuberculosis as a preventable disease is rooted in all kinds of physical and moral condition in Society. You cannot touch the tuberculosis problem without picking up with it the problems of "human living together" which we may in fine term the social problem, and I trust that we are fast approaching the day of a "medical sociology" so comprehensive that it will recognize the inter-relations of all our physical problems with the social problems and aspects of human life. The twentieth century does not call for sunned crowned men who live above the clouds, but for those who tread earth's ground and minister to mankind with all their might, having a knowledge and discernment of those things which cause misery to mankind, a knowledge of the influences producing degeneracy and a knowledge of how to adjust the anti-social elements.

This Forward Movement I grant you, is somewhat at variance with the universal law of natural selection as promulgated by Herbert Spencer, who found grave fault with governmental and social organizations on the ground that they were interfering with the beneficial operation of this law. As a scientist he recognized that Nature's discipline was inexorable, those who did not rise to her standard perished, those who did, survived—and yet we as medical men, zealous, rebellious and practical, carrying on our professional work imbued with a love for humanity, are compelled to admit that our standard is food and life for all, and we measure by the number of human beings we can keep in life. When we find that thousands of men and women incapacitated by disease can be restored to society well enough to contribute a high standard of efficiency in both public and private life, we are convinced that the end justifies the means. As public health officials, fortified and inspired by the doctrine of Prophylaxis, we claim that humanity can occupy a position where it will be the more enabled to survive nature's demands. Prophylaxis has within its scope "*Mens sana in corpore sano*" of those who would otherwise be unfit. It is the antithesis, so to speak, of the doctrine of the "survival of the fittest."

The Public Health Forward Movement by reason of its doctrine of Prophylaxis has a vision of better things to come for our national manhood, womanhood and childhood—a clear cut conception of the public health needs of our province and Dominion. Armed with this principle we do not follow any fads or Utopias, but press forward to a reconstruction based on humanitarian needs. It has swung us past the idea "that somehow good will be the final goal of ill, to pangs of nature, sins of will and taints of blood, through

it we shall strive to see from a physical standpoint that nothing walks with aimless feet, that not one life shall be destroyed or cast as rubbish to the void when God has made his pile complete.

Time will not permit my discussing the value of Sanatoria for the tubercular, institutions for the feeble minded, maternity hospitals, Public Health laboratories and the care of the criminal, as a part of a well organized Public Health Forward Movement, but there are two problems confronting us, complementary ones, upon the proper solution of which determine the future or success of Public Health work. I refer to the care of the women during the pregnant period, the prenatal care of the infant—and the postnatal care of the child, summed up in the one problem of "Child Welfare." Unless we apply ourselves to the proper execution of this problem, we may swell every expense and accumulate every assistance to the successful furtherance of many other aspects of public health work, and yet our efforts will be vain and impotent in that we shall be building a superstructure without any foundation. If we do not stress these problems, twenty-five years from now, our Sanatoria will again be filled, likewise our feeble-minded institutions, our hospitals, and even our penitentiaries, and we shall again be face to face with that eternal question "Cui bono" colloquially expressed—what good will it do? What is the use?

Now what are some of the essential questions involved in these two problems; as I have stated before, they are complementary, that which benefits the mother, assists the prenatal and postnatal development of the child.

First, there is the question of heredity, if it is bad, in many cases the child is doomed at birth and no subsequent training can give to him a normal social life, although for some the psychiatric clinic may be of value, here we are convinced however, that it comes within the province of Public Health, stressing prophylaxis, to urge the segregation of the feeble-minded, the criminal and the alcoholic and the hereditary pauper and to solemnly accentuate the duties, privileges and responsibilities of parenthood. We are prepared to go further and say that it is right in demanding that syphilis and other venereal diseases should be notifiable and that it should be made a criminal offence for any syphilitic person to knowingly infect another. When it comes to the question of the "Eugenic Ideal" that of mating men and women, uniting stocks with a view to race betterment—the task seems, not only great but doubtful. Gifted parents have not always gifted offspring. Handsome parents have sometimes very plain offspring; but I believe in Eugenics to the extent that there should be a close co-operation between the issuers of marriage licenses, the clergymen of our province and the Public

Health Officials, so close indeed, that those mentally unfit and those infected with specific disease within a certain period should be prohibited from marriage.

Secondly, the question of Environment. The development of the child is largely determined by his environmental characteristics both prenatal and postnatal; to what extent a special psychical bent can be deliberately imparted to the child is not yet known, apart from the Good Book, where we find the case of Samuel's mother dedicating her prospective son to the service of God with the result that he became a great master in Israel; but we do know that the child unquestionably suffers constitutionally if subjected to abnormal conditions during the prenatal period. Its healthy prenatal development, from the standpoint of environment presupposes a wage more than the bare living one, proper nourishment and good associates for the mother, freedom from work during the weeks preceding childbirth, the abolition of working conditions which use up the vitality of girls before marriage, good housing with proper sanitary surroundings, and let me say here, that some of the conditions in and around the so-called homes of our Province are deplorable. It is a far cry from the manger in Bethlehem to the auditory sense of the twentieth century, and I fear by reason of its remoteness that the cry has not been heard, for that Babe in Bethlehem of Judea born in a manger, had a clean pallet of straw to lie upon, as contrasted to some of the beds, in some of the homes in our Province, beds which are not beds and mattresses which are not mattresses.

The postnatal development of the child implies good housing and surroundings as before stated, the right to freedom from work, inspection of milk and meat, medical inspection of schools, supervised playgrounds and the right to play, and last, but not least—outdoor schools. Permit me to speak briefly on a few of these essential conditions.

First: The right to play and supervised playgrounds.

Play is an instinct with the child as with the animals. It is the child's inherent right: in ancient days this most enjoyable right was curtailed and even at the present day its value is minimized by many who do not recognize its varied functions. It unquestionably promotes physical and mental development and should form part of our public health programme,—as a factor in social advance, and we should impress the public with the importance of providing the children with supervised playgrounds where their play may be properly directed. Again, the erection of outdoor schools. I see absolutely no reason why the four months in the year, May, June, September, and October, could not be utilized for outdoor schools.



Contrast the situation of having sixty to seventy children crowded together in a closed room, with having them out in the open air. The contrast must impress your minds with the immeasurable gain in the supply of oxygen and the lessening of communicable disease and an infusion of richer blood into the veins and arteries of Canadian childhood.

With reference to inspection of meat and milk and medical inspection of schools. I believe the time has come when these very important matters must be enforced by central authority, that when not attended to by a municipality, the Government of our Province should step in and force the matter. The municipality which makes it possible for a farmer to send a can of milk to the station with dirt in it, which by reasonable precautions and compliance with law he could have kept out of it, thereby causing the death of a child, if not an accessory after the fact, is an accessory before the fact, and any such municipality should have its milk inspection, enforced by Provincial authority and made to pay for it.

The Child Welfare Problem brings the "sine qua non" of the Public Health Forward Movement in its relationship to social advance, how can we bring about its speedy fruition? The following ways and means have been suggested by many public health bodies on this and other continents:

- 1st: The education of the general adult public.
- 2nd: A whole-hearted co-operation of the general medical profession with public health officials.
- 3rd: Correlation of Public Health bodies with Social Service Councils.
- 4th: The creation of Provincial Child Health Bureaus.
- 5th: Enforcement of the Public Health Laws.

These ways and means embody our desires, and I believe they may be greatly accentuated by an idea which I should like to see executed, viz., "A Mass Public Health Forward Movement."

A great work has and is being carried on, along the lines of Public Health in our Province, a work which involves the highest praise for the foresight, energy and ability of the chief Medical Health Officer of this Province and invaluable as are the objectives he has attained, yet I feel that his future work may be greatly accentuated by getting just a little closer to the body politic and there is no better way of obtaining the interest of "heads of families" than appealing to them through the children. Herein lies the great point of contact.

Now, what do I suggest in a movement of this nature? Briefly as follows: Two weeks are set apart for the intensive campaign. These weeks will be preceded by advertisements in the public press.

The services of Medical Practitioners, Principals of Schools and Mayors of towns enlisted as speakers. The Ministers of the Province asked to preach sermons on Child Welfare on the town Sundays of the intensive campaign. Social Service Councils, Red Cross Societies, and Boards of Trade will co-operate in matters pertaining to organization. Each adult person in town and country will be solicited for membership in the Red Cross Society, fee \$1.00 per year, and as a follow-up measure, a permanent Public Health Committee with the Medical Health Officer at its head will be formed in each town, whose duty will be to place various health matters before the Social Councils. I believe that this scheme is possible. It requires some organization, will-power and an inspiration engendered with the idea of capturing the heights of Nova Scotian Childhood for health and happiness. By such a scheme we can better obtain the support of the medical profession. It will make it very much easier to obtain enforcement of our Public Health laws, for as you all know, acts and laws are of very little value unless a majority of the public are in sympathy with them. I feel quite confident, if we can execute this idea of a "Mass Public Health Forward Movement" that if a maternity hospital, or tuberculosis sanatorium is urgently needed, if inspection of milk, meat or medical inspection of schools is asked for and not forthcoming, that the matter may the more easily be taken out of the hands of the municipality or town and carried out by the Provincial Government, supported by the entire medical, clerical, educational and industrial units of our Province. We shall, by inaugurating such a scheme, arrive at the place where medical health officers no longer will remain in the mountain of solitude where their vision becomes well-nigh impaired by the lack of co-operation. If reconstruction means anything, it must inevitably mean co-operation, if construction means anything it also means co-operation. The work of the Public Health Forward Movement is both reconstructive and constructive: reconstructive in the sense that we are reconstructing institutions already established, constructive in the sense that we are formulating new ideas and devising new plans, as applied, say to Child Welfare.

I believe that by this method of a Mass Public Health Forward Movement we may the more readily obtain that close co-operation on the part of the men and women of our Province, that in their minds one increasing purpose will run; the purpose with a vision of the Public Health needs, especially of our children—so that they may grow up healthy and virile and in future days contribute a monument to this Province and Dominion which time can never efface.



# The Victorian Order of Nurses

## Prenatal Visiting Under the V. O. N.

EDITH HASLAM, R.N.

SINCE compulsory notification of pregnancy seems a very remote possibility, Victorian Order Nurses, in fact all Public Health Nurses, must depend upon other sources for information regarding early pregnancy. In the Victorian Order, it is the rule for the nurses, by their high standard of work, to enjoy the confidence of the local doctors, who send to the District Superintendent, or the nurse working alone, a list of those of their patients who consult them in the early months; thus enabling the nurses to get in contact in sufficient time to pay a regular series of visits, which, by their very repetition, form a tie with nurse and the mother which continues after the birth of the baby and so establishes Child Welfare.

Attendance at the lying-in period also affords a valuable opportunity of pointing out the benefit of prenatal care and teaching, and whole neighborhoods have formed the habit of advising the mother-to-be to consult the V. O. Nurse. If School nursing is being done by the Order, a home visit often develops into a "prenatal," and in winning the mother's heart by her interest in the school child, the nurse is able to advise the mother regarding the health of not only herself but in her preparation for the coming baby. Tradition dies hard but when the nurse has that inspiring vision of the future developments this educational work is sure to bring about, when mothers and babies will no longer suffer unnecessarily, not so much from ignorance as from lack of knowledge, and when she learns contentedly to look five years ahead for big results, she will find much more joy in her work and will carry on with a valiant heart.

As most of the V. O. Districts conduct a well baby clinic the writer would like to see these premises used one afternoon each week as a "Maternity Centre." The development of this will be slow but with patience and skill the nurse will find the attendance steadily increasing and the interest aroused will prove of immense educational value. The nurse could see a far greater number of patients during such a meeting than she could visit in one afternoon and the work would give her an added interest in her week's

routine as well as providing another outlet for her initiative and enthusiasm, both of which are so essential to the modern Public Health Nurse. The expectant mother soon learns to look forward to the classes; voluntary workers can usually be found to amuse the toddlers in another room, if they must be brought along, and patterns of suitable baby clothes made up and displayed on a sheet on the walls along with posters displaying simple health rules, all combine to make the centre attractive. Teaching, of course, is the chief feature of the Centre, simple talks by the nurse on prenatal care, nutrition, suitable diet, and demonstrations with a life sized baby doll, all help to awake that healthy spirit of competition and interest so necessary to the "better baby" movement.

In England these Centres hold an ante-natal clinic on the same day, which, is usually conducted by a sympathetic woman doctor, whose personal interest in her patients, combined with the home visits of the nurses so often means the averting of threatened danger. Swollen ankles and feet, and successful breast feeding in the most unpromising cases are only two of the encouraging results of these clinics—one case of neglected personal hygiene gave joy to a nurse when after weeks of advising, the patient was met on her way from the public baths saying she felt ten years younger.

Even apart from the clinic a maternity Centre will provide the nurse with unlimited scope and the developments along this line which our go-ahead neighbors across the border are adopting, combined with the wide range of literature now available on this subject, and the advice from the local doctors, should help a nurse to attempt the new venture, so that the mothers, not only of to-day but for the next ten years, may have the help in this direction through the Order in those districts which are not yet fortunate enough to be served by a comprehensive Municipal or Provincial Department of Health, the Women's Institutes, Girl Guides, Y. W. and Church Clubs of all denominations together with the Little Mothers' Leagues could easily invite the V. O. Nurses to give series of talks on those subjects which will teach the girls what their future babies have the right to expect from them.

And if the girls and women are to acquire this knowledge, why not, through the many boys' and men's organizations ask the doctors to give similar talks on the responsibilities of the male parent? Cradle-Slackers must go, we must no longer deny the fathers that knowledge which will help them to find comfort and joy in their children. The writer's own experience as a Public Health Nurse for the past five years has taught the value of an intelligent interest on the part of the father.

## New Course at St. John, N.B.

In the early part of December the Victorian Order of Nurses received an urgent call for nurses to be placed in the province of New Brunswick. The Provincial Red Cross sent a nurse, Miss Ruddick, to make a survey of the province and report regarding conditions in the several communities. This report was very enlightening as to the necessity of community nursing service.

The Victorian Order was unable to supply nurses for any new posts owing to the increasing demand for more staff nurses in the districts already established. The need became so urgent that the Red Cross proposed financing a course in District and Public Health nursing if the Victorian Order would establish such work in connection with the St. John Centre. The Chief Superintendent visited St. John and arrangements were made to begin training the first day of February. This course is financed by the Red Cross, approved by the Provincial Department of Health and affiliated with the University of New Brunswick which will give the certificate.

Careful survey disclosed the fact that there was ample field in St. John for both theoretical and practical work for such a course. An Instructor, Miss Jessie Forshaw, R.N., was brought from Vancouver, where, for the past year, she had been Provincial Organizer for the Victorian Order. In addition to the Victorian Order training, Miss Forshaw had completed a course in Public Health Nursing at the University of Washington. Miss Cole, the recently appointed Inspector of the Order has been in St. John assisting with the preliminary arrangements. Miss Cole, as former District Superintendent of the Vancouver Centre, was very familiar with the work due to the Course in Public Health Nursing organized in connection with the University of British Columbia.

Six students have already commenced their studies with considerable enthusiasm. This is a four months' course, and on its completion another course will be immediately begun. The nurses taking this course are pledged to give a year's service to the Province of New Brunswick.

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The Edmonton Branch of the V. O. N. have held a most successful Annual Meeting. It was found necessary to add another nurse to the staff, also to provide transportation, the Edmonton field is so extensive that street-car service does not meet the needs of the nurses. The students taking the provincial University Public Health course are getting part of their field and observation

work with the V. O. nurses. Miss McRoberts has undertaken to look after the health of the Children's Aid Boarding Home. They have a number of Child Welfare Clinics, and there is always with this work heavy maternity service. A very pleasant feature of the meeting was the increase of the salaries of the nursing staff.

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The Chief Superintendent attended the Annual Meeting of the Dundas district. The one nurse, Miss Pearson, is greatly overworked owing to many night calls. The Committee is considering ways and means of purchasing a car.

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The City of Moncton, N.B., started a nursing service about a year ago with a staff of two, which has proved most satisfactory and the Committee are considering placing a third nurse in the district.

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Miss Agnes Hachey, who has done such successful School and Child Welfare work in Cobalt, Ontario, has been transferred to Grand Mere, Que. Miss Hachey speaks French and English perfectly, which renders her services of great value in school work and dealing with the follow-up work in the homes. Miss Hachey is very valuable in the educational work, especially with the classes in Home Nursing that are so popular in connection with the Victorian Order work in Grand Mere.

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The Home Branch of the Soldiers' Settlement Board has been giving short courses to groups of soldier's wives living in the rural communities. Such a Course was recently given at Ottawa where twenty women had the advantage of a week's outing, with lessons on dairying, cooking, and some little amusement thrown in. Those who had small babies were looked after and in some cases had medical attention. Miss Stevenson, District Superintendent of the Victorian Order, and her staff, gave lessons on Home Nursing during one day of their stay, together with tea and a general discussion as to the care of their children of all ages.

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## Social Background

### The National Council of Social Work

The next annual meeting of the National Conference of Social Work will be held in the city of Milwaukee from June 22 to 29. A programme of especial value and interest to all those concerned in the subject of health will be presented at this meeting. The programme for Division III., on Health, provides for five division meetings, at which the following subjects will be presented:

**"Co-operation and Co-ordination in Health Work."**

- a. The National Council of Public Health—Organization and Programme.
- b. National Council for Co-ordinating Child health Activities.
- c. How Can Voluntary Organizations Best Co-operate with Health Officials?

**"The Health Programme of the American Red Cross."**

- a. The Social Significance of Health Centres.
- b. Co-operative Health Plan of the New York County Chapter.
- c. Public Health Nursing Programme and Activities of the A. R. C.

**"Social Significance of Child Health Work."**

- a. Education in Health Habits.
- b. What State Bureaus of Child Hygiene are Doing to Promote Child Health.

**"Government Agencies in Their Relation to Health."**

- a. The United States Public Health Service.
- b. The Children's Bureau.
- c. Department of Agriculture, Extension Service in Home Economics.
- d. Bureau of Education.

**"Certain Elements in a Health Programme for Children" (Joint session with Division I.—Children).**

- a. The Undernourished Child—The Significance of Bringing Him up to Standard.
- b. Where should this nutrition service next be centered: in the school room; in the child's own family, in the Home?
- c. How much more may be expected from medical service in the public schools?

Among others who will speak at these meetings will be: Mr. Sherman, C. Kingsley, Dr. E. V. McCollum, Mr. Courtenay Dinwiddie, Dr. C. A. Pierce, Dr. Anna E. Rude, Dr. C. F. Langworthy, Mr. Willard S. Small, Mr. Philip Platt, Dr. Donald B. Armstrong, and Mr. J. Mace Andress.

In addition to these five great division meetings, there will be one general night session of the Conference devoted to the subject of Health. At this night meeting, the specific subjects considered will be, "Making Health Knowledge the Property of the Community" and "The Social Need of a National Health Programme."

The conference will hold its meetings in the auditorium, which is the most remarkable building of its kind in the United States. It has all the requirements necessary for the ideal convention hall, ample seating capacity, perfect appointments, accessibility and adaptability, absolute safety, complete accessories in the shape of wardrobes, toilets, telegraph and telephone, storage accommodations with ample provision for exhibition space, banquet and assembly rooms, and committee rooms. It occupies an entire square just north of the main thoroughfare of the city and is readily accessible from all railway stations and interurban lines and forms the nucleus for the projected Civic Center of the City of Milwaukee.

The main auditorium is constructed without a single pillar or post to obstruct the view. It is located on the ground floor, and all parts of the hall may be reached from the street without ascending the stairs. It has a flexible seating arrangement so that from 5,000 to 10,000 persons can be comfortably seated, and the acoustic properties are exceptionally good. All meetings of the Conference, both General and Divisional, will be held in this one building. In addition to the great General Assembly Hall, there are four other large halls seating from 900 to 1,200 persons each. This will be the first time in the history of the National Conference that all the meetings could be held under one roof without crowding or inconvenience.

Milwaukee in June is an ideal convention city, located as it is on the shore of the lake, with ample parking and beach facilities. No section of the city is without a public park within ten blocks of it. Over 1,200 acres, all connected by a boulevard system, constitute the park system of this great city of the central west. In addition to its parks, the city has forty public playgrounds.

There are daily boat lines with large steamships from Chicago, and from cross lake ports. It is possible for visitors to come to Milwaukee by all-lake line from Buffalo or by part-way lake travel



from Chicago, Detroit, Grand Haven and other ports. The Chicago North Shore Electric Road operates hourly trains from North Evanston.

Hotel accommodations are ample as has been proven by the fact that Milwaukee has entertained so many large conventions in the past few years.

A large number of allied organizations will hold meetings in Milwaukee either immediately prior to or during the week of the National Conference meeting. Among these allied organizations will be: The Lutheran Inner-Mission Society, Social Service Department of the Protestant Episcopal Church, Public Health Nurses' Association, the National Urban League for Social Service among Negroes, the Jewish Conference of Social Welfare, the Canadian Conference of Public Welfare, Foreign Community Workers, National Board of the Y.W.C.A., the National Association for Community Organization, the American Association of Hospital Social Workers, National Federation of Day Nurseries, Interstate Conference on Illegitimacy, National Probation Association, National Conference on Education of Backward, Truant, and Delinquent Children, American Association for Organizing Family Social Work, National Children's Home Society, National Child Labor Committee, and National Travellers' Aid Society.

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## The Provincial Board of Health of Ontario

### COMMUNICABLE DISEASES REPORTED BY LOCAL BOARDS OF HEALTH FOR THE MONTH OF JANUARY, 1921.

#### COMPARATIVE TABLE.

Diseases.	Jany., 1921.		Jany., 1920.	
	Cases.	Deaths.	Cases.	Deaths.
Small-pox .....	902	3	1,188	6
Scarlet Fever .....	613	17	642	21
Diphtheria .....	876	63	636	70
Measles .....	595	9	1,296	16
Whooping Cough .....	396	9	162	19
Typhoid .....	43	13	42	12
Tuberculosis .....	166	114	145	135
Infantile Paralysis .....	3	3	2	—
Cerebro-Spinal Meningitis .....	2	2	8	7
Influenza and Pneumonia .....	34	18	669	24
Primary Pneumonia .....	—	271	—	297
	3,630	522	4,790	607

### VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH.

Diseases.	Jany., 1921.	Jany., 1920.
	Cases.	Cases.
Syphilis .....	195	112
Gonorrhoea .....	245	94
Chancroid .....	12	3
	452	209

# MUNICIPALITIES REPORTING SMALL-POX CASES FOR THE MONTH OF JANUARY, 1921.

County	Municipality	Cases	Dths.	County	Municipality	Cases	Dths.
Algoma.	Sault Ste. Marie	15	..	..	Windham	2	..
	Blind River	2	..		Walsingham	2	..
	Johnson	1	..		Port Dover	6	..
	Korah	1	..	North. & D.	Bowmanville	2	..
	Cutler	1	..		Newcastle	1	..
	Rose	1	1		Alwick	3	..
Brant.	Brantford	47	..	Ontario.	Oshawa	1	..
	Burford	2	..	Oxford.	Woodstock	1	..
	Oakland	9	..		S. Norwich	3	..
Bruce.	Brant	4	..		Tillsonburg	17	..
	Wiaton	2	..	Parry Sound.	Parry Sd.	1	..
Carleton.	Ottawa	252	1		Himsworth N.	6	..
	Nepean	15	..	Peel.	Toronto Tp.	2	..
Dufferin.	Mulmur	2	..	Perth.	St. Marys	3	..
Elgin.	St. Thomas	23	..		Wallace	1	..
	Aylmer	1	..	Peterboro.	Peterboro	1	..
	Bayham	9	..	Prescott & Rus.	Clarance	10	..
	Dorchester S.	1	..	Pr. Edward.	Ameliasburg	3	..
Frontenac.	Kingston	10	..		Pictou	5	..
Grey.	Owen Sound	4	..		Sophiasburg	4	..
	Sullivan	2	..		Hillier	1	..
	Hanover	3	..		Wellington	1	..
	Bentick	6	..	Renfrew.	Horton	1	..
	Sarawak	1	..		Stafford	14	..
Haldimand.	Cayuga	1	..		Adamston	1	..
Hastings.	Belleville	17	..	Simcoe.	Penetanguishene.	30	..
	Marmora	1	..		Orillia	1	..
	Deseronto	2	..		Midland	5	1
	Mayo	1	..		Tossorontia	2	..
Halton.	Burlington	1	..	S. D. & Glen.	Cornwall	2	..
	Nelson	1	..		Winchester	1	..
Huron.	Morris	1	..		Finch Tp.	7	..
Kent.	Chatham	1	..	Sudbury.	Sudbury	2	..
Lambton.	Alviston	4	..		Chapleau	2	..
	Bosanquet	1	..	Temiskaming.	Three Na-		
	Brooke	1	..		tions Reserve	1	..
Lanark.	Lanark V.	6	..		Timmins	6	..
	Carleton Place	3	..		Tisdale	1	..
Leeds & G.	Edwardsburg	1	..		Charlton	6	..
	Merrickville	1	..		Matheson	31	..
Manitoulin.	Billings	2	..		Mount Joy	1	..
	Howard Tp.	7	..	Waterloo.	Kitchener	18	..
Middlesex.	London	8	..		Galt	8	..
	Dorchester N.	5	..		Waterloo Town	3	..
	Williams E.	2	..	Wellington.	Minto	1	..
Muskoka.	Stephenson	4	..		Mount Forest	1	..
	Bracebridge	7	..		Puslinch	2	..
	Monck	4	..	Welland.	Wainfleet	1	..
Nipissing.	Sturgeon Falls	69	..		Humberstone	2	..
	Whitney	16	..	Wentworth.	Hamilton	28	..
	Mattawa	3	..		Beverley	7	..
	Ferris	1	..	York.	Toronto	23	..
	Springer	1	..		Richmond Hill	1	..
	Bruce Lake	4	..				
Norfolk.	Simcoe	12	..				
	Middleton	15	..				
						902	3

## Joint Public Health Convention Programme

A WIDE range of interesting papers will be read, and subjects discussed by members of the Ontario Health Officers' Association at the Joint Public Health Convention to be held in Toronto, May 16th, 17th and 18th.

The Convention will be held in the University of Toronto Mining Building, College Street, and in addition to the Ontario Health Association, will include the Canadian Public Health Association, the Canadian Association for the Prevention of Tuberculosis and the Canadian National Council for Combating Venereal Disease. An attendance of over 600 is expected.

This important convention will cover every phase of Public Health work, and should prove of inestimable value to all those who avail themselves of the privileges it will afford. The event marks the twenty-first Annual Meeting of the Canadian Association for the Prevention of Tuberculosis, the tenth Annual Convention of the Canadian Public Health Association, the seventh Annual Meeting of the Ontario Health Association and the third Meeting of the Canadian National Council for Combating Venereal Diseases.

The papers to be read by the Ontario Health Officers on Monday and Tuesday will deal with "Water Supplies," "Medical Inspection of Schools," "Home Influence or Resistance against Disease," "Public Health Expenditure," "Mental Defectives," "Notes on Sanitary Surveys of Rural Schools," "Difficulties of Milk Inspection," "The Public Health Nurse and her work," "Physical fitness," "The desirability and difficulty in the early diagnosis of Infectious Diseases," etc., etc.

The programme of the Convention has been arranged as follows:—

On Monday, May 16th at 9 a.m. registration will commence, and at 10 a.m. the First Session of the Ontario Health Officers' Association will meet under the presidency of Dr. D. A. McClenahan, Hamilton. At the same hour the Laboratory Section of the Canadian Public Health Association will hold an important session under the chairmanship of Dr. R. H. Mullin, Professor of Bacteriology and Public Health, University of British Columbia, Vancouver, and will receive a report of Committee on the Standardization of the Wassermann Test. Interesting dis-

cussions will be held, as there are over 80 bacteriologists in Canada, many of whom will attend and take part in the programme.

On Monday afternoon there will be a General Session of the Convention with the Presidential address by Dr. John Amyot, C.M.G., Deputy Minister of Health, Ottawa; also an important address on the "Control of Communicable Diseases" will be given by Dr. Charles V. Chapin, Providence, R.I. A paper on State Medicine will be read by Dr. J. G. Fitzgerald, Professor of Hygiene, University of Toronto.

On Monday evening the programme will be a contrast to that of the afternoon and will afford a choice of either studying the practical workings of a Venereal Disease Clinic, or studying Child Hygiene as arranged by the Pediatric Committee of the Child Hygiene Section C.P.H.A. The Venereal Disease Clinic will be held at the Toronto General Hospital and Dr. Powell of Montreal will read a paper; the Child Hygiene Session will be held at the Sick Children's Hospital.

Tuesday morning.—On Tuesday morning the second Session of the Ontario Health Officers' Association will be held, at the close of which officers will be elected for the ensuing year. Many interesting papers on the various phases of Public Health Work will be read at this meeting. Other sessions being held simultaneously on this date will include the Social Hygiene Session with an address by the Chairman, Rev. Archdeacon Symonds, Montreal, and the following papers will be read:—"Commercialized Vice in Montreal" by Owen Dawson, Secretary of the Committee of Sixteen, Montreal; "Social Aspects of the Venereal Disease Problem" by Miss Edna Moore, Provincial Board of Health; "Campaign against Venereal Diseases adapted to Local and Provincial needs" by Dr. Gordon Bates; "Ethical and Spiritual Consideration in the Campaign against Venereal Diseases," by the Rev. Father Minehan. Other simultaneous sessions held on this date will be that on Child Hygiene under the chairmanship of Dr. L. M. Lindsay, Montreal; and of Mental Hygiene under the chairmanship of Dr. C. K. Russel of Montreal.

Tuesday afternoon will be devoted chiefly to "Field Work" with visits to Child Welfare, Ante-Natal and Malnutrition Clinics, and for those interested in Sanitary Engineering a visit will be made to the Toronto Island Filtration Plant. In addition, a Laboratory demonstration will be provided in the Medical Building showing the method of preparation of serums and vaccines. The Annual Meeting of the Canadian National Council for Combating Venereal Disease will be held at 3 o'clock on this date.

On Tuesday evening a session of particular interest to both professional and lay-workers will be held when Dr. C. J. O. Hastings, M.O.H., Toronto, will deliver an address on "The Milk Problem." It is expected that this meeting will be addressed also by Dr. Chagras of Brazil.

Wednesday morning has been reserved for the Canadian Association for Prevention of Tuberculosis and a detailed programme of this meeting is given on the page following this announcement.

On Wednesday afternoon the second Session of the Canadian Association for the prevention of Tuberculosis will be held, as well as the final Session in the Canadian Public Health Association at which there will be shown a film of special interest dealing with "School Inspection," and a report received from the Committee on "Medical School Inspection." This whole session will be of special interest to the Public Health nurses, and a paper will be read on Public Health Nursing, followed by a discussion the details of which will be given in a later issue.

The annual business meeting of the Association is of importance, in view of the fact that the budget and treasurer's reports for the year will be presented.

### Hotel Accommodation

Hotel	Address	Single	European		Double with bath	American	
			Single with bath	Double		Single	Double
Carls-Rite, Front & Simcoe		\$3.00	\$3.50 and \$4.00	\$6.00	\$3.50 \$4.00 per person	\$5.00	\$10.00
Elliott, Church & Shuter ....		\$2.50	.....	\$4.00	\$5.00	\$4.00	\$8.00
King Edward, King St. E....		\$2.50	\$4.00	\$4.50	\$6.00 and up	.....	.....
Pr. George, King & York....		\$2.50	\$3.00 and \$3.50	\$4.00 and \$5.00	\$5.00 \$6.00 \$7.50	.....	.....
Queen's, Front St. W. ....		\$2.50	\$3.50 and up	\$5.00 and up	\$6.50 and up	\$5.00 and up	\$10.00 and up
Walker House, Front & Yk.		\$2.50	\$3.50	per day	per person	\$5.00 and \$6.00	.....
Waverley, Spadina & Col.		\$2.00	\$2.50	\$3.00	\$4.00		
		\$2.50	\$4.00	\$3.50	\$6.00		
Westminster, Jarvis St. ....		.....	\$2.50 and up	.....	\$4.00 and up		

Everyone is urged to make early reservations directly with hotel concerned, or through Chairman of Committee on Hotel Accommodation, Dr. A. Grant Fleming, Department of Health, City Hall, Toronto.

Railway Rates.—Standard certificate plan will be in force for the Convention. Details will be furnished in preliminary programme to be mailed early in April.

## Canadian Association for Prevention of Tuberculosis

An event of unusual importance both to the medical profession and the general public, is the Coming of Age of the Canadian Association for the Prevention of Tuberculosis, on Wednesday, May 18th, in the University of Toronto, Mining Building, College Street, the occasion being the twenty-first annual meeting of this Association which has such a praiseworthy record in its fight against "The Great White Plague" throughout this Dominion.

Secretary, Dr. George D. Porter, to whose energy and activity the work of the association owes a large measure of its success, will read his Annual Report at 10 a.m. on May 18th. This will be followed by a report from Dr. O. Leclerc, Quebec, on the Anti-Tuberculosis Organization in France, after which the Presidential Address will be given by the Hon. F. L. Schaffner, M.D., of Winnipeg. Papers will be read by John B. Hawes, M.D., Boston, Mass., and J. Roddick Byers, M.D., St. Agathe, Quebec, and an X-Ray Demonstration by G. E. Richards, Toronto.

The practical side of the work will also be given much attention for in the afternoon Dr. Parsons will conduct a Chest Clinic at 2 o'clock in the Hospital for Sick Children, and Dr. Caulfield will conduct a similar clinic at the same hour in the Toronto General Hospital. A visit to the Preventorium will be made at 4 p.m. The following morning at 9 o'clock Dr. Ogden will conduct a Chest Clinic at the Western Hospital and another chest clinic will be conducted by Dr. Caulfield at the D.S.C.R. Hospital, Christie Street.

This programme will form a part of the Joint Public Health Convention commencing on May 16th, comprising the Canadian Public Health Association, the Ontario Health Officers' Association and the National Council for Combating Venereal Diseases. A splendid opportunity is thus afforded all visitors to the Convention, of covering a wide range of subjects dealing with Public Health and Prevention medicine.

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## News Items

Dr. Fred Conboy has resigned the position of Supervisor of the Dental Inspection under the Department of Education, Province of Ontario. Dr. Conboy has been giving one day a week organizing a School Dental Service for the Province. A permanent provincial school officer will be appointed.

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The annual meeting of the Ontario Medical Association will be held at the Clifton Hotel, Niagara Falls, Ont., in May.

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Dr. C. J. Hastings, Medical Officer of Health, Toronto, has been enjoying a rest at St. Petersburg, Florida.

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The annual meeting of the Canadian Red Cross Society was held at Toronto in March. Representatives from all the Provincial Branches were present and the meeting was honored by the presence of His Excellency, the Duke of Devonshire.

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Over 75,000 of the Diet Folders, prepared by the Child Hygiene Section, have been distributed to date.

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As considerable interest was excited among tuberculous patients from a report that the British Government had purchased a reputed cure for this disease, word has been received that no such purchase has been made and that there was no scientific evidence of its value.

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The New Brunswick "Health Week" will be held from April 24th to April 30th.

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National, Provincial, municipal and voluntary agencies are invited to send in reports of their Child Welfare work, personal notes or other items of interest for reprint in this Journal. Reports to date have been received from London, Ontario, and the Provincial Board of Health, Ontario.

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Miss Christina Smith, R.N., has resigned her position as Superintendent of Provincial Public Health Nursing of Alberta to take up work at the University of Alberta in connection with the estab-



lishing of a Department of Nursing. Her successor has yet to be appointed.

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The folders on diets for children of various ages, issued by the Child Hygiene Section of the Canadian Public Health Association have been much in demand. The Ontario Board of Health is planning to distribute about 45,000 and the Provincial Board of Health of British Columbia has sent in an initial order for 5,000, while numerous smaller orders have been received from Ontario and the Eastern provinces; 6,000 have been ordered by the Manitoba Division of the Canadian Red Cross Society.

The first of this series outlines the technique of breast feeding and emphasizes a number of important rules for a nursing mother. The second of the series deals with milk, its source, care, pasteurization, etc., and gives instructions, and equipment necessary for the preparation of bottle feeding. Folder number three gives instructions for the breast fed baby, weaned at nine months, showing additions in diet for each month or two, until the child is two years of age. Folder four is for the feeding of the pre-school child, and includes recipes, and instructions for cooking the various cereals, soups, meats, vegetables, etc. The last of the series—*Proper Food for Children of School Age*—gives a wide variety of diet, showing proper methods of cooking and tabulating foods according to prices.

These folders are so arranged that they may be sent through the mail, as folded, with a one-cent stamp. Average height and weight tables are given for the various ages.

Sample sets will be sent upon request. Folders may be purchased for one cent each—express collect—and may be ordered in sets or separately.

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At the suggestion and with the co-operation of the Canadian National Council for Combating Venereal Diseases, the Social Service Department of the University of Toronto, commenced a Course on Social Hygiene, on March 21st. Subjects included: Social Hygiene, Professor Dale; Legislation to Promote Social Hygiene, Dr. J. W. S. McCullough; Syphilis, Dr. E. J. Trow; Gonorrhoea, Dr. B. P. Watson; The Social Case Work of the V. D. Clinic, Miss Ella Grant; Mental Defect as a Contributing Cause, Dr. Clarence M. Hincks; The Education of the Grown-Up, Dr. Gordon Bates and Miss Violet Trench; The School Curriculum, Professor Sandiford;

How to Talk to Boys, Mr. T. M. Porter; How to Talk to Girls, Miss Trench.

Plans for launching a campaign in Toronto for the purpose of teaching the value of milk as a food and increasing its consumption in the homes were made at a meeting held in the City Hall on March 8th, Mrs. Adam Ballantyne, President of the Child Welfare Council in the chair. The movement is being inaugurated by the co-operation of the Child Welfare Council, the Canadian Public Health Association and the National Dairy Council of Canada. A most interesting address was given by Miss Holbrook of the Dairy Division of the U. S. Dept. of Agriculture, in which she described methods carried on across the line to induce children to drink milk and to persuade and enlighten parents on the need for this article of food.

Among factors tried and found successful in different cities of the American republic were the introduction of trained workers into the schools for the purpose of giving talks on food values, starting essay contests among the pupils after the talks, and giving prizes for the same as well as for publicity posters. The holding of exhibitions of milk products and the articles of food that can be made from them, the selling of milk in the streets in novel ways, as instanced by beaver-board bottles four feet high with slogan in red letters and a boy shouting the merits of milk through a megaphone, and other items. In other instances fairy pageants were put on, every department in the school contributing to the work.

The speaker pointed out that a follow-up system which first made a survey of the physical standing of the children and then began a course of milk drinking was necessary. For this, the children are lined up at recess when everyone is supplied with a bottle of milk and a straw, giving five cents a day for same. Where pupils cannot afford the money, it has been supplied by the Board of Education or the Parent-Teacher Association, which corresponds to the Home and School Clubs of Toronto. For the campaign week, speakers are needed and transportation to take them quickly from one point to another.

The fact that the work is needed in even the best situated localities was shown by the speaker, when she told of a district with 37,000 children, where the community were more alive to the situation than the average in the matter of having the best cattle, and yet it was found that the children were 69 per cent. below normal physically. Milk demonstrations were put on and all showed much improvement in a few weeks from the time the milk diet was introduced.

Committees are necessary to carry out the campaign and the following were appointed: General Chairman, Mrs. A. M. Huestis; Finance Committee convenor, Mrs. W. Bundy; Secretary, Miss Enid Forsythe; Exhibits, Miss Margaret Davidson; Speakers, Mrs. Adam Ballantyne; Transportation, Mr. John Wanless. Miss Olive Hayes, graduate of MacDonald Institute, Guelph, and later of Columbia University, who for the last five years has been Provincial Instructor of Home Economics in British Columbia, will remain in Toronto in charge of the campaign.

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In October of last year the Hamilton Patriotic Fund succeeded in establishing a Health Centre in that city, similar to the one in Montreal, where the children of returned men might be taken for examination and if necessary be referred to other existing clinics for treatment.

The clinic is held every Tuesday afternoon in the General Hospital under the direction of Dr. R. P. Smith, assisted by Miss Edith Insole, R.N., nurse in charge. Some 250 children have been examined in the clinic and the records show that 90 per cent. of them have defects, many of them of a very serious nature. A startling feature lay in the fact that apparently well children, in some cases had as many as five defects. In practically every case attention of some kind was required. X-Ray examinations, Wassermann tests, examinations for tuberculosis, and attention to various eye defects were among the procedures necessary. That there is urgent need for the proposed Dental Clinic was proved by the examination of the first 200 children, 96 of whom were found to be suffering from carious teeth. Many of them showed such pronounced evidence of pyorrhea as to affect their general physical condition.

The follow-up treatment is a valuable factor in the work of the clinic and will without doubt contribute largely to its success. By arrangement with the Babies' Dispensary Guild, to which the Patriotic Fund contributes one-half the cost of a visiting nurse, the Babies' Dispensary looks after all babies under two years of age, and refers back to the Fund's Clinic cases of illness. The clinic nurse visits all children in their homes to ensure the carrying out of the physician's orders, and every effort is made to educate the families in modern health habits.

Realizing the importance of pre-natal care and the amazing lack of such knowledge, the clinic is undertaking to give much-needed advice to expectant mothers.

One of the biggest works the clinic has to do is to educate mothers in the matter of diet for their children. So numerous are the cases of malnutrition that it is not beyond the scope of possi-

bility that the clinic may extend its work by the establishment of a nutritional department.

The clinic authorities state that the heartiest and most helpful co-operation has been secured from the various local health officials and members of the medical profession, the latter having given very wonderful service at the clinic.

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Although a healthy winter, it has been a busy one for the school nurses of Halifax as they are trying to give each pupil a thorough physical examination and a new physical record card is being made out for each one, which will be of great assistance to future work. Health talks are being given in all the grades—suitable for the age of the grade—and in the primary grades health stories are told which are listened to with rapt attention. The children are encouraged to repeat these stories to the folks at home and the following day they form the subject for a writing lesson. A few classes are beginning to dramatise the health tales and seem to find it great fun.

The Health Crusade has been started in Grades III, IV and V and about three thousand children are busy filling in health slips. In each room a boy or a girl is appointed to act as school nurse to see that the health rules are being carried out, and the improvement in cleanliness, neatness, etc., has been quite noticeable. If they carry out the health habits they are rewarded with a Crusade pin, of which they are very proud.

The pupils of the Acadian School have for a small sum of money been provided daily with cocoa by the St. John Ambulance Brigade. This makes a great deal of work for the teachers, but they are most willing, realizing the great advantage for the children.

In order to give the nurses taking the Public Health Course, at Dalhousie University, some instruction in nutritional work, a nutrition class was started last November in Quinpool Road School. This is carried out in a very simple way as there are no funds and very few conveniences in the school, but the children show great interest, have improved in their school work and have gained considerably in weight. A prize has been offered to the child who first reaches his normal weight and all are trying hard to win it. Some army cots were borrowed from the Red Cross and during recess the class rests in these while the nurse or a V.A.D., who kindly offered to help, reads them a story. They are given instruction in what they should eat and drink and how to live in a healthy happy way. This class was financed by Miss Edith Read, Principal of Branksome Hall, Toronto. We hope next year to have a nutrition class in every school in the city.

